

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 37752

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 171

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Grundy		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		a. STATE MO		b. COUNTY Grundy	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Hosp.		Length of stay in lb 7 wks		c. CITY OR TOWN Trenton		d. STREET ADDRESS (If outside, give location) 1004 W 10th	
3. NAME OF DECEASED (Type or print) Samuel Joseph Kelso				4. DATE OF DEATH Nov 26 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH July 3, 1867	
9. AGE (In years last birthday) 89		10. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Grundy Co. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hiram A. H. Kelso				14. MOTHER'S MAIDEN NAME Mariette Proctor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Elma Kelso Trenton, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pyelo-nephritis							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? 6000
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Dec 1956 to Nov 26 1956 and last saw ^{him} Nov 26 1956 alive on Nov 26 1956 Death occurred Wright Hosp Trenton MO on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Oliver F. Druggs, Jr. (Last name and title)				22b. ADDRESS Trenton MO		22c. DATE SIGNED Nov 27 1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 29, 1956		23c. NAME OF CEMETERY OR CREMATORY Proctor Cem.		23d. LOCATION (City, town, or county) (State) Trenton MO.	
24. FUNERAL DIRECTOR W. Gordon Blackmore ADDRESS Trenton MO.			25. DATE RECD. BY LOCAL REG. 11-29-56		26. REGISTRAR'S SIGNATURE Gene Fan		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-560
10-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Dr. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Claude H. Cranda*

Licensed Embalmer No. *49*

P. O. Address *Truro*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.